



SURGICAL TECHNOLOGY PROGRAM

Application General Information

Attached are all necessary forms for applying to the program. Please read all instructions **carefully** before completing the application. The **Application Period is from January 15 to April 1**. Please keep these instructions for future reference. **SEND ALL APPLICATION MATERIALS TO:**

ADMISSIONS, Skyline College
3300 College Drive
San Bruno, CA 94066

All applicants **must complete A through F below:**

- A. Meet all college admission requirements.
- B. Complete a Skyline College application online (www.skylinecollege.edu) if they have not attended Skyline College in the previous semester. Returning SMCCD students must submit an Unofficial Transcript. **AND**
- C. Submit a completed Surgical Technology Program application. (See attached) **AND**
- D. Submit college transcripts or placement exams showing that they
1. have completed or are in the process of completing **Math 110 with a grade of "C" or better**
Or a Math course equivalent to **Elementary Algebra**. **AND**
 2. have completed or are in the process of completing **Biology 250 with a grade of "C" or better**
Or a course equivalent to **Human Anatomy with a lab**. **AND**
 3. are eligible for **English 836 (Writing Development or equivalent)** as shown by placement scores or Transcript. **AND**
 4. have completed or are in the process of completing **HSCI 484 or BUS 485**, OR a course equivalent to **Medical Terminology**.

NOTE: Allow 3-4 weeks for transcript delivery. Mail transcripts to Admissions and Records, not the Surgical Technology Program.

Foreign Transcripts will need to be evaluated by

International Education Research Foundation, Inc. www.ierf.org

P.O. Box 3665

Culver City, CA 90231-3665

Phone: 310-258-9451

Fax: 310-342-7086

(See the Counseling Dept. for other approved evaluators)

Please ask for a community college evaluation (Detail Report). It must include a description of the upper and lower division classes and the grades awarded.

AND

- E. Submit three (3) letters of recommendation. Use the Standard Form included in this packet. Include one each from three of the following categories. DO NOT use relatives or friends for recommenders.
- Suggestions:
- | | |
|---|------------------------------|
| Community leaders (church, volunteer, or cub) | Dean, counselor or principal |
| Coach or mentor | Teacher or Instructor |
| Employer or supervisor | Healthcare workers |
- AND**

- F. Be eligible to pass a Social Security number-referenced Background Check and a Drug testing.

APPLICATIONS ARE DUE APRIL 1.
Notification Letters are mailed by April 30.

General Information

The mission of the Skyline College Surgical Technology Program is to train competent entry-level Surgical Technologists (ST) capable of providing care for the surgical patient population in health care settings. To be effective, an ST should be flexible to respond to changing demands of the work environment and be able to perform during stressful situations.

Below are listed attributes required of the student to ensure successful completion of the Program. If the student is not capable of demonstrating the following skills and abilities, it is the responsibility of the student to request appropriate accommodation. In consultation with the Disabled Students coordinator, reasonable accommodations will be made for a student with a documented disability.

Required Abilities

To be successful in the Surgical Technology Program, the student must

- Be able to stand or sit for up to six hours at a time.
- Be able to lift and carry 50 lbs. for 20 feet.
- Have hands and arms that are free of skin disease.
- Be able to see and manipulate suture as fine as a human hair.
- Be able to hear and communicate without visual cues.

The student must be able to comprehend and react quickly to verbal instructions, patient's needs, and the requests of others. The student must be able to respond appropriately within the ST scope of practice during stressful situations.

Each student will be required to have a Physical Exam form and an Immunization Record completed by a healthcare provider prior to entering the clinical component of the program. These records will be kept confidential according to the Health Insurance Portability and Accountability Act. Upon acceptance to the program, the student will be provided with these forms.

Accreditations

Skyline College is accredited by the Commission for Accreditation of Community and Junior Colleges, 10 Commercial Blvd., Suite 204, Novato, CA 95403.

The Surgical Technology Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Accreditation Review Committee on Education in Surgical Technology.

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The application process:

1. All application materials must be submitted by the deadline, **April 1**, to the Admissions Office. (It is the applicant's responsibility to ensure that the application is complete with all required documents.)
2. The Applications are screened to determine if the applicant has been accepted to the college and if all required documentation has been submitted.
3. Complete applications are screened to determine if the applicant has met all the prerequisites.
4. Applicants are admitted to the program in this order:
Considered First: Those applicants with completed applications submitted by **April 1** that show they have met all the prerequisites. If the number of qualified applicants is more than the number of places available, a **randomized selection process** (lottery) shall be implemented. (See below)

Considered Next: Those applicants with completed applications submitted by **April 1** that show they will successfully complete all prerequisites by the end of Spring semester. (*Final grades must be submitted by June 15*). These will be added to the lottery **if and only if** there are not enough applicants who have completed the prerequisites.

Not Accepted: Those applicants whose applications are incomplete, or submitted *after April 1*.

Randomized Selection Process

The randomized selection process involves several steps:

- a. A Selection Committee is formed under the supervision of the Allied Health Supervisor.
- b. The Selection Committee shall be comprised of the A.H. Supervisor, the chairperson of the Surgical Careers Department, one faculty member of the CST Program and one faculty member from the general Skyline College staff. The names and signatures of the committee members shall be affixed to the selection roster, dated and timed upon completion of the selection. This document shall be kept in a secure location along with the applications of those who were not accepted.
- c. The selection roster shall be an alphabetical listing of all qualified applicants. The list shall be numbered accordingly.
- d. Numbered discs equal to the number of applicants shall be placed in a container. If any of the applicants are reapplying, two (2) discs with the corresponding number of the applicant shall be placed in the container.
- e. One-by-one, each member of the committee shall remove a numbered disc from the container until 24 applicants have been accepted into the Program and 15 more have been selected for the Waiting List. One member of the committee shall record the corresponding names as the numbers are announced.

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The Next Steps in the Application Process:

1. Twenty (20) applicants are accepted and 15 selected for the Waiting List. Wait-Listed applicants will be notified according to his/her status on the List.
2. It is recommended that those applicants who need financial aid should call the **Financial Aid** office as soon as possible: **650-738-4236**.
3. Once the student is accepted s/he would be expected to
 - a. Complete a Physical Exam form. (**All Forms** are sent to the student upon acceptance.)
 - b. Complete an Immunization Record for Health Care Workers, including Hep B vaccinations.
 - c. Pass a Background Check using the Social Security number.
 - d. Pass a drug test.
 - e. Pass a course in Cardiopulmonary Resuscitation for Health Care Workers (CPR or BLS-C).
 - f. **Attend a MANDATORY Orientation held in the classroom, Building 7, room 205. The Date and Time will be in the Acceptance Letter.**
4. Acceptable results of the Background Check, Drug Screening, **must be** on file in the Surgical Careers Center office prior to registration in the Summer semester.

For more information, please contact

Alice Erskine, CST, RN, MSN, CNOR
Surgical Technology Program
650-738-4470
erskine@smccd.edu

or visit our Website: www.skylinecollege.edu

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SURGICAL TECHNOLOGY PROGRAM
Application Form
Accepted no later than 5 pm, April 1.

Name _____
Last First MI

Previous Name (if different from above) _____

Social Security Number _____

Home Address _____
Street

City State Zip Code

Phone(s) (____) _____ (____) _____

Email: _____

Citizenship: USA _____ Other? _____

If other, what is your residency status? _____

Emergency Contact : _____
Name Ph# Relationship

Current Employer _____
Name

Address Telephone Number

Your Position _____

Have you ever been convicted of a drug violation or felony charge? If yes, please explain and note that a Social Security number-based background check is required for this program: _____

Students will be assigned to course work and clinical training off the college campus. Do you have reliable transportation (Car or motorcycle) for yourself to these assignments? YES NO

Please state the name of any health care training program you may have attended and the year(s)::

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EDUCATION

Show proof of having met the admission requirements. Be sure to include Transcripts to support this.

| Prerequisite | Met by Course or Test Placement | At (Name of College) | Date |
|-----------------------------------|---------------------------------|----------------------|------|
| BIOL 250 | | | |
| BUS 485 / or HSCI 484 | | | |
| ENGL 836 | | | |
| MATH 110 / or MATH 111 | | | |

REQUIRED ABILITIES

Are you able to stand or sit up to six (6) hours per day? Yes No

Are your hands and arms free of skin disease? Yes No

Are you able to see and manipulate suture
As fine as a human hair? Yes No

Are you able to hear and communicate
Without visual cues? Yes No

Are you able to practice in a confined space under
Stressful conditions? Yes No

I state that the above information is true.

Signature: _____

Date: _____

PERSONAL STATEMENT

On a separate sheet of paper, **PLEASE TYPE** a description of your skills and abilities that would help you in your work as a Surgical Technologist. Describe situations where you demonstrated

| | |
|----------------|---------------|
| Accountability | Promptness |
| Responsibility | Assertiveness |
| Honesty | Teamwork |

The statement should be no more than two pages in length, in your own words, signed and dated.

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Personal Reference Form
Surgical Technology
Program

Applicant's Name

Recommender's Name

Applicant: Under federal law entitled "Family Educational Rights Act of 1974" students are given the right to inspect their records including letters of recommendation. All letters of recommendation are considered carefully. Letters written in confidence are useful in the assessment of a student's qualifications and abilities.

A signature is required for either A or B. By signing **A**, your recommender knows the evaluation will be submitted in confidence. By signing **B**, you have retained the right to inspect this letter of reference.

A. I waive my rights to inspect this letter of reference and hereby inform my recommender that this letter will be kept strictly confidential.

Applicant's signature

B. I retain my right to inspect this letter of reference. Recommender is advised that upon enrollment I may have access to this letter.

Applicant's signature

Recommender: You have been requested to complete a reference form for an applicant to the Surgical Technology Program. Your objective appraisal will assist in evaluating the applicant's qualifications. Please return the form to the address on the back. If you do not wish to evaluate the applicant, please check item #6 and return the form. The application deadline is **April 1**. Thank you for your time and assistance.

1. In what capacity and for how long have you known the applicant?

2. Describe observed strengths and weaknesses and evidence of maturity or immaturity.

3. Do you have reason to believe the applicant has realistic professional goals?
4. Please describe any personal, physical, or emotional characteristics that may be important to the applicant's success in this profession.
5. How would you rate the applicant as a candidate for the Surgical Technology Program? If you have reservations, please explain.
- Highly recommended
 - Recommended
 - Some reservations
 - Serious Reservations
6. I do not feel I can adequately evaluate this candidate and would prefer the candidate seek a recommendation from another individual.

Recommender's signature: _____

Address: _____

Title/ position: _____

Please return this form to:

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Skyline College
3300 College Drive
San Bruno, CA 94066

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